

1/23/06 - (4)

**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9612  
Fax (978) 264-9630

**FILE COPY**

**Don P. Johnson**  
Town Manager

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November 29, 2005

**RE: REQUEST CHANGE OF OFFICERS AND DIRECTORS**


Daniela's Tacorito, Inc.  
208 B Main Street  
Acton, MA 01720

Dear Mr. Bender:

I have scheduled Mr. Miranda to meet the Board of Selectmen regarding your request to amend your license to change the Officers and Directors of Daniela's Tacorito, Inc., on January 23, 2006 at 7:25 P.M. in the Francis Faulkner Room, at the Acton Town Hall.

Please call my office at 978-264-9612 to confirm your/his availability of this meeting.

Very truly yours,

  
Christine M. Joyce  
Town Manager's Office

*NOTE TO*

**The Commonwealth of Massachusetts**  
**ALCOHOLIC BEVERAGES CONTROL COMMISSION**

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR RETAIL SALE**

City/Town: Acton, MA

☐ New License      ☐ Transfer of Stock      ☐ Other \_\_\_\_\_  
☐ Transfer of License      ☒ New Officer/Director      (Specify)

Name to appear on the License: <u>Danielas Tacorito, Inc.</u>	
Business Name (d/b/a), if different:	
Manager of Record: <u>Geraldo Miranda</u>	FID of Licensee: <u>043484610</u>
Address of Premises; Street: <u>208 Main Street, Acton, MA</u> Zip Code: <u>01720</u>	
Phone Number of Premises: <u>(978) 266-2777</u>	

2. Type of License: (check only one)

<input type="checkbox"/> Club	<input type="checkbox"/> Package Store	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> General On Premise	<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Innholder	<input type="checkbox"/> Tavern	(Specify)

3. License Category:

<input checked="" type="checkbox"/> All Alcoholic	<input type="checkbox"/> Wine and Malt
<input type="checkbox"/> Malt only	<input type="checkbox"/> Wine only
<input type="checkbox"/> Wine and Malt with Cordials Permit	

4. License Class:

<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Seasonal
--------------------------------------------	-----------------------------------

5. Person (attorney if applicable) who can be contacted concerning this application:

Name: <u>Michael A. Laurano, Esq.</u>
Address: <u>15 Court Square, Boston, MA 02108</u>
Phone Number: <u>(617) 523-4499</u>

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

Apportion of The Acton Shopping Center known as Store 7B containing floor space of approx 1,000 square feet with a small commercial kitchen, bar, two restrooms and 40 customer seats between the bar and dining room. There is one (1) entry opening onto the parking lot, and a loft space used for storage and office space.

6a.

Seating Capacity: <u>40</u>	Occupancy Number: <u>40</u>
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7. Applicant is an:    ☐ Association      ☒ Corporation      ☐ Individual  
                                 ☐ Partnership      ☐ Non-profit Corporation

8. If Applicant is an Individual or Partnership: List for Individual or each Partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is Individual or are all Partners United States Citizens?      ☐ Yes      ☐ No  
If no, specify citizenship: \_\_\_\_\_

8b. Is Individual or are all Partners involved at least twenty-one years old?      ☐ Yes      ☐ No

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☒ Yes ☐ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered
Geraldo Mirapito	Beer and Wine	Sausatiko's Restaurant, Main Street, Maynard	April 1998

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the License was Terminated
April 1998	Beer and Wine	Restaurant burned to the ground, and was never reopened

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☒ Yes ☐ No (If yes, provide the following information):

Date	License	Reason why the License was suspended, revoked, or cancelled
10/17/05	All-alcohol	Licensee suspended 7 days by Acton Selectmen following a motor vehicle accident in which an OUI by a patron was involved

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☒ Yes ☐ No (If yes, attach a statement of details.)

15. a. Each Individual Applicant must sign.

b. Applications by a Partnership must be signed by a majority of the partners.

c. Applications by a Corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.

d. Applications by an Association must be signed by a majority of the members of the governing body. All signers must have answered question 10.

e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 22nd day of November, 19 2005

By: Signature of Full Name

Geraldo Mirapito  
Kerfahn

Title

President  
Trails  
Clerk

9. If the Applicant is a Corporation, complete the following:

State of Incorporation: <u>Massachusetts</u>	Date of Incorporation: <u>9/99</u>
Fiscal Year Ends: <u>12/31/05</u>	Date qualified to do business in MA: <u>9/99</u>

9a. How many Shares of Stock are authorized? 540 How many Shares of Stock are issued? 540

Provide in the box below the names of all Officers, Directors, Stockholders and Manager.

Use \* to indicate Director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of Stock Owned or Controlled
* President/Treasurer	Gerald O. Mirabito	60 Prospect St., Acton, MA 01726	10/25/64	026-68-3458	540
* Clerk	Ken Bender	9 Hill Road, Westminister, MA 01473	10/14/57	057465592	0
* Director	Duncan Thorne	Harvard Road, Stow, MA 01775	7/22/64	021404627	0

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the Applicant is a Corporation, answer the following questions:

- Are the Majority of Directors United States Citizens? ☒ Yes ☐ No
- Are the Majority of Directors Citizens of Massachusetts? ☒ Yes ☐ No
- Is the Manager or Principal Representative a U.S. Citizen? ☒ Yes ☐ No

10. If the Applicant is an Association, provide in the box below the names of all Association Officers and Members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license? ☐ Yes ☒ No  
(If yes, complete a, b, c, and d)

- Give an exact description of the construction, remodeling, redecorating or building on the premises: \_\_\_\_\_
- What are the estimated costs? \_\_\_\_\_
- What is the construction schedule? \_\_\_\_\_
- State all sources of construction financing: \_\_\_\_\_

12. Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

- ☐ As an individual ☐ Jointly \_\_\_\_\_ Name of Realty Trust \_\_\_\_\_  
 \_\_\_\_\_ Name of Corporation \_\_\_\_\_  
☐ Other \_\_\_\_\_ (specify)

(If you do not own the premises to be licensed, provide the following information about the Owner.)

Name: <u>Scheidt and Company</u>	Phone Number: <u>(978) 318-9600</u>
Address: <u>35 Forest Ridge Road, Concord, MA</u>	

12a. If a lease or rental, provide the following information: \$ 1,950 per month  
(month, year, etc.)

Beginning Date of Lease Oct 1, 1999 Ending Date of Lease Sept. 30, 2009

**FINANCIAL**

*Daniel's Tacos is a going concern, all assets were purchased in 1999  
There is no debt.*

13. What Assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$

Identify in the box below all sources of financing:

13b.

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., (Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions:

(provide purchase and sale documents)

13d. Are you seeking approval for License to be pledged? ☐ Yes ☒ No

If yes, to whom?

13e. Will the Inventory be pledged? ☐ Yes ☒ No

If yes, specify to whom

13f. If a Corporation, are you seeking approval for any Corporate Stock to be pledged? ☐ Yes ☒ No

If yes, identify to whom and identify the number of shares to be pledged.

**OWNERSHIP INTERESTS**

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	D.O.B.	SSN	Phone Number
<i>Geraldo Miranda</i>	<i>60 Prospect Street, Acton, MA 01720</i>	<i>10/25/64</i>	<i>026683458</i>	<i>978 490 8544</i>

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest
<i>Geraldo Miranda</i>	<i>Owner of 100% of authorized and issued stock</i>

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

☒ Yes ☐ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Description of Interest
<i>Geraldo Miranda</i>	<i>All-alcohol</i>	<i>Cantina, Inc., DBA Daniel's Cantina</i>	<i>Assistant Manager</i>

Daniela's Tacorito, Inc.  
Clerk's Certificate

A Special Meeting of the Shareholders of Daniela's Tacorito INC was held at 208 Main St., Acton, MA on October 15, 2005.

The purpose of the meeting was to address the management of the restaurant Daniela's Tacorito.

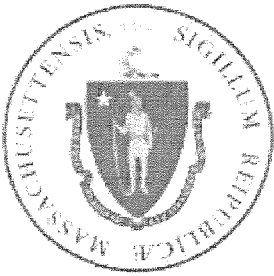
The sole shareholder of the corporation, Geraldo Miranda voted all the shares of said corporation in favor of adopting the following resolutions. Said Resolutions are hereby adopted.

- 1) To remove Brooke Murphy of Maynard, MA as corporate treasurer and corporation director effective forthwith.
- 2) To remove Tracy Boyd of Acton, MA as corporation clerk and director effective forthwith.
- 3) Appointing Kenneth Bender of 9 Hill Rd., Westminister, MA 01473 as corporate clerk and director effective forthwith.
- 4) Appointing Geraldo Miranda of 60 Prospect Street, Acton, MA as corporate treasurer forthwith.
- 5) Reappointing said Geraldo Miranda as President and Director forthwith.
- 6) Appointing Duncan Thorne of Harvard Rd., Stow, MA 01775 as corporation director forthwith.
- 7) Authorizing the corporation to seek the change of the manager of record of Daniela's Tacorito, Inc. from Tracy Body of Acton to Geraldo Miranda of 60 Prospect Street, Acton, MA and to make said application to the Town of Acton and the ABCC.

Witness my hand read the 17th of October, 2005.

  
\_\_\_\_\_

Kenneth Bender, Clerk



**The Commonwealth of Massachusetts  
William Francis Galvin**

No Fee

Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512  
Telephone: (617) 727-9640

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**Statement of Change of Registered Office Address by Registered Agent**



Help with this form

(General Laws, Chapter 156D)

**Name of registered agent:** KENNETH BENDER

**Exact name of corporation:** DANIELA'S TRACORITO, INC.

**Current registered office address:** 293 OLD DUNSTABLE RD., GROTON, MA 01450

**New registered office address:**

No. and Street: 9 Hill Rd.

City or Town: Westminster State: MA Zip: 01473 Country: USA

**The registered agent's address is the same as the corporation's registered office address as required by General Laws, Chapter 156D.**

**Special Filing Instructions**

Please indicate special filing instructions if any, that apply to this form.

**Filer's Contact Information**

(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: Michael A. Laurano, Esq.

Business Name:

No. and Street: 15 Court Square - Same Address as -

Suite 360

City or Town: Boston State: MA Zip: 02108 Country:

Contact Phone: 617-523-4499 ext:

Contact Email: MAntonLaw@juno.com

**Clear**

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

**SIGNED, this 20 Day of October, 2005,**

Kenneth Bender

, **Signature of Registered Agent.**

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with M.G.L. Chapter 156D and that the information is true and correct as of the date the electronic filing is submitted. This

☒ Accept

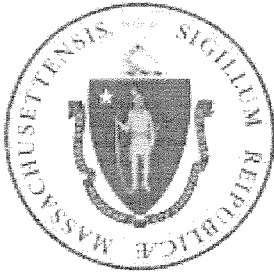
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**The Commonwealth of Massachusetts**  
**William Francis Galvin**

No Fee

Secretary of the Commonwealth  
 One Ashburton Place, Boston, Massachusetts 02108-1512  
 Telephone: (617) 727-9640

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**Statement of Change of Supplemental Information**  
 (General Laws, Chapter 156D)



Help with this form

**1. The exact name of the business entity is:** DANIELA'S TRACORITO, INC.

**2. Current Registered Office Address:**

Name: KENNETH BENDERNo. and Street: 293 OLD DUNSTABLE RD.,City or Town: GROTONState: MAZip: 0 1450Country: USA

**3. The following supplemental information has changed:**

*Names and street addresses of the directors, president, treasurer, secretary*

Delete	Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
<input type="checkbox"/>	President	Geraldo Miranda	60 Prospect St. Acton, MA 01720 USA
<input type="checkbox"/>	Treasurer	Geraldo Miranda	60 Prospect St. Acton, MA 01720 USA
<input type="checkbox"/>	Secretary	Kenneth Bender	9 Hill Rd. Westminster, MA 01473 USA
<input type="checkbox"/>	Director	Geraldo Miranda	60 Prospect St. Acton, MA 01720 USA
<input type="checkbox"/>	Director	Kenneth Bender	9 Hill Rd. Westminster, MA 01473 USA
<input type="checkbox"/>	Director	Duncan Thorne	Havard Rd. Stow, MA 01775 USA

Title: First Name: Middle Name: Last Name: Suffix: Residential Address: City: State: Zip: Country: 




**d. The fiscal year (i.e., tax year) of the business entity shall end on the last day of the month of:**

**e. A brief description of the type of business in which the corporation intends to engage:**

**f. The street address (post office boxes are not acceptable) of the principal office of the corporation**

is:

No. and Street: 208 MAIN ST.

City or Town: ACTON State: MA Zip: 01720 Country: USA

**g. The records of the corporation required to be kept in the Commonwealth will be kept at (post office boxes are not acceptable):**

No. and Street: 9 Hill Rd.

City or Town: Westminster State: MA Zip: 01473 Country:

**which is**

- ☐ its principal office
 ☐ an office of its transfer agent  
☐ its secretary/assistant secretary
 ☒ its registered agent

**Special Filing Instructions**

Please indicate special filing instructions if any, that apply to this form.

**Filer's Contact Information**

(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: Michael A. Laurano, Esq.

Business Name:

No. and Street: 15 Court Square - Same Address as -

Suite 360

City or Town: Boston State: MA Zip: 02108 Country:

Contact Phone: 617-523-4499 ext:

Contact Email: MAntonLaw@juno.com

Clear

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed by Kenneth Bender, its Chairman of the board

on this 20 Day of October, 2005

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with M.G.L. Chapter 156D and that the information is true and correct as of the date the electronic filing is submitted. This

☒ Accept
 ☐ Decline

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